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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

First Inventor

KATLY L RUNGE

Title WITH Novel Effect"

Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPI ICAT	ION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application
	ming utility patent application contents.	ADDRESS 10: Box Patent Application Washington, DC 20231
Fee Transmittal For	m (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or
1. (Submit an original and a du) Applicant claims sm		Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission
2. See 37 CFR 1.27.	7.	(if applicable, all necessary)
3. Specification (preferred arrangement s	[Total Pages] et forth below)	a. Computer Readable Form (CRF)
- Descriptive title o	f the invention to Related Applications	b. Specification Sequence Listing on:
 Statement Regar 	ding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or
- Reference to seq	uence listing, a table, ogram listing appendix	ii. paper
 Background of the 	ne Invention	c. Statements verifying identity of above copies
- Brief Summary o	f the Invention of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS
- Detailed Descrip		Assignment Papers (cover sheet & document(s))
- Claim(s) - Abstract of the D	Dicalocura	10. 37 CFR 3.73(b) Statement Power of Attorney
- Abstract of the L		10. (when there is an assignee) Attorney 11. English Translation Document (if applicable)
4. Drawing(s) (35 U.		Information Disclosure Copies of IDS
5. Oath or Declaration	[Total Pages]	13. Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment
Conv from a	ted (original or copy) prior application (37 CFR 1.63 (d)) ion/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
i DELETI	ON OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
	rement attached deleting inventor(s) ne prior application, see 37 CFR	Nonpublication Request under 35 U.S.C. 122
	and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
6. Application Data	Sheet. See 37 CFR 1.76	17. Other:
18. If a CONTINUING APPLIC	CATION, check appropriate box, and sup	oply the requisite information below and in a preliminary amendment,
or in an Application Data She		of prior application No.:/
Continuation Prior application information		Group Art Unit:
THE CONTINUES TON OR DIVISI	ONAL APPS only: The entire disclosure of	the prior application, from which an oath or declaration is supplied under
Day Ele in considered a part of	f the disclosure of the accompanying conti	nuation or divisional application and is hereby incorporated by reference. ertently omitted from the submitted application parts.
The incorporation can only be		DENCE ADDRESS
Customer Number or Bar Co		or Correspondence address below
Name	KAThy L. Bu.	NGÉ
	2618 I ROVIN	<i>A</i>
Address		
City	MORRO BAY	State CA Zip Code 93492
Country		elephone (905) 172-5549 Fax (805)
Name (Print/Type)	Kothy L. Russe	Registration No. (Attorney/Agent)
	2	Date 1/07/2002
Signature	A 1 Kkens	1 1 0 (2002

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PTO/SB/17 (11-01)
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			for	FY	200	02	

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	3	70	,00

Complete if Known				
Application Number				
Filing Date	01/07/2002			
First Named Inventor	KATHY L- RUNGE			
Examiner Name	•			
Group Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account	Large Entity Small Entity				
Deposit	Fee Fee Fee Code (\$) Code	Fee Fee Description (\$)	Fee Paid		
Account Number	105 130 205	65 Surcharge - late filing fee or oath			
Deposit Account Name	127 50 227	25 Surcharge - late provisional filing fee or cover sheet			
The Commissioner is authorized to: (check all that apply)	139 130 139	130 Non-English specification			
Charge fee(s) indicated below Credit any overpayments	147 2,520 147 2	,520 For filing a request for ex parte reexamination			
Charge any additional fee(s) during the pendency of this application	112 920* 112 9	220* Requesting publication of SIR prior to			
Charge fee(s) indicated below, except for the filing fee to the above dentified deposit account.	440 4 940* 442 4	Examiner action			
FEE CALCULATION	113 1,840* 113 1	Examiner action			
1. BASIC FILING FEE	115 110 215	55 Extension for reply within first month			
Large Entity Small Entity	116 400 216	200 Extension for reply within second month			
Fee Fee Fee Fee Description	117 920 217	460 Extension for reply within third month			
Code (\$)	118 1,440 218	720 Extension for reply within fourth month			
101 740 201 370 Utility filing fee 3 70.41 106 330 206 165 Design filing fee	128 1,960 228 9	980 Extension for reply within fifth month			
107 510 207 255 Plant filing fee	119 320 219	160 Notice of Appeal			
108 740 208 370 Reissue filing fee	120 320 220	160 Filing a brief in support of an appeal			
114 160 214 80 Provisional filing fee	121 280 221	140 Request for oral hearing			
	138 1,510 138 1	,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 370, 5	140 110 240	55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	141 1,280 241	640 Petition to revive - unintentional			
Fee from Extra Claims below Fee Paid	142 1,280 242	640 Utility issue fee (or reissue)			
Total Claims 6 -20** = 0 X = 0	143 460 243	230 Design issue fee			
Independent 2 - 3** = 0 x = 0	144 620 244	310 Plant issue fee			
Multiple Dependent = 5	122 130 122	130 Petitions to the Commissioner			
	123 50 123	50 Processing fee under 37 CFR 1 17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126	180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$)	581 40 581	40 Recording each patent assignment per property (times number of properties)			
103 18 203 9 Claims in excess of 20	146 740 246	370 Filing a submission after final rejection			
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	140 140 240	(37 CFR § 1 129(a))			
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent	149 740 249	370 For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 740 279	370 Request for Continued Examination (RCE)			
and over original patent	169 900 169	900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$)	Other fee (specify)				
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY			Complete (Complete (if applicable)	
Name (PrintlType)	KAThy L. Bunge	Registration No. (Attorney/Agent)	Telephone	8057725549	
Signature	K, Bune		Date	01/07/2002	

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